



EMPLOYMENT APPLICATION FORM

APPLICATION FOR THE POSITION OF:	

CONTACT DETAILS:							
Title:		First Name:		Surname:			
Phone:		Mobile:		Email:			
Address:				Suburb:		Postcode:	

EMPLOYMENT EXPERIENCE:			
Current or most recent employer:			
Position:			
Dates of Employment:	Start Date:	End Date:	
Reason for Leaving:			
Next most recent employer:			
Position:			
Dates of Employment:	Start Date:	End Date:	
Reason for Leaving:			

TERTIARY EDUCATION:			
Qualification:		Level of Achievement:	
Name of Institution:		Date completed:	
Qualification:		Level of Achievement:	
Name of Institution:		Date completed:	

SUBJECTS QUALIFIED TO TEACH: (please include all transcripts in your application)			
Subject:		Year Level:	
Subject		Year Level:	
Subject		Year Level:	
Subject		Year Level:	

EMPLOYMENT IN TEACHING:					
1.	School:		Position:		Subject Area:
	Year:		FTE:		Number of terms:
2.	School:		Position:		Subject Area:
	Year:		FTE:		Number of terms:
3.	School:		Position:		Subject Area:
	Year:		FTE:		Number of terms:
Current teacher classification / level:			Total number of years teaching:		

RELIGIOUS EDUCATION QUALIFICATION: (if applicable)

Qualification:		Institution:		Date awarded:	
Qualification:		Institution:		Date awarded:	

REQUIREMENTS:

Current RRHAN Accreditation: (please include clearance)	Yes	No	Current First Aid: (please include certificate)	Yes	No
Working with Children Check: (please include clearance)	Yes	No	Australian Citizen:	Yes	No
Teachers Registration Expiry Date:			Permanent Resident: (please include certificate)	Yes	No

PROFESSIONAL REFEREES:

1.	Name:		Employer:		Position:	
	Phone:		Mobile:		Email:	
2.	Name:		Employer:		Position:	
	Phone:		Mobile:		Email:	
3.	Name:		Employer:		Position:	
	Phone:		Mobile:		Email:	
I give my permission to conduct reference checks prior to an interview as part of the shortlisting process					Yes	No

HOW DID YOU HEAR ABOUT THIS POSITION?

Newspaper:	Yes	SEEK:	Yes	Word of Mouth:	Yes	Other:	
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ACKNOWLEDGEMENT:

I acknowledge that I have read and understood the Employment Application Collection Notice:	Yes
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DECLARATION:

Do you have any physical disability, medical condition, or any other condition which may affect your ability to perform the essential requirements of this role?	Yes	No
You agree to undergo a medical examination, if requested, to determine whether you have the capacity to perform the essential requirements of this role?	Yes	No
Have you ever been charged with a criminal offence?	Yes	No
Have you ever been dismissed, disciplined or resigned from any employment following allegations that you were involved in improper conduct with a student or child?	Yes	No
I declare: a) The answers to the above are to the best of my knowledge true and correct in every way. b) If my application for employment is successful, I will at all times be required to observe and respect such terms and conditions of my employment. c) I understand that any inaccurate or false declaration made by me in this application may result in the withdrawal of an offer of employment, disciplinary action, or possible dismissal.	Yes	

Please attach completed **Application Form** to your **Resumé** and a brief **covering letter**, addressed to:

The Head of College, Concordia College, 24 Winchester Street, Highgate SA 5063 via email : - employment@concordia.sa.edu.au

With your application you must submit all supporting documents:

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| a. copies of all Academic transcripts / qualifications | b. current Teachers registration |
| c. Working with Children Check | d. Responding to Abuse & Neglect & First Aid certificates |